

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	Soft Contact Patch for Treatment of Amblyopia																				
Application Number : Date : First Named Applicant: Dr. Parsa Shahinpoor Attorney Docket Number:																					
<b>TOTAL FEE AUTHORIZED \$ 375</b>  Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as small entity  BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375				Subtotal For Basic Filing Fees: \$ 375								
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<b>AUTHORIZED BILLING INFORMATION</b> <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  Credit account number: 5511 Expiration Date (YYYYMMDD): 2004-01-31 Authorized name: Mohsen Shahinpoor Billing address: 87108																					